

## Book Reviews

### HEART TO HEART: THE TWENTIETH-CENTURY BATTLE AGAINST CARDIAC DISEASE — AN ORAL HISTORY

By Allen B. Weisse. 416 pp.

New Brunswick, N.J., Rutgers University Press, 2002. \$35.

ISBN 0-8135-3157-8.

THIS book is based on interviews with 16 pioneers in cardiac surgery and medical cardiology, almost all of whom are from the United States. Interviews that took place between 1979 and 2000 with Charles Bailey, André Cournand, William Dock, and Willem Kolff form the core of this work. The book focuses on scientists and physicians who were born during the late 19th or early 20th century (the youngest is Eugene Braunwald, born in 1929) and is arranged in chronological order. The interviews are supplemented by an index of 208 biographical notes on nationally and internationally prominent medical scientists. Weisse introduces each interview with background information on the interviewee and the medical milieu of the time.

The first interviewee, William Dock (1898–1990), describes the work of Karel Wenckebach in Vienna and recounts an interesting history of quinidine, the first antiarrhythmic drug. He repeats the student doggerel poking fun at Wenckebach's boring lectures: "In der Klinik Wenckebach/Sind nur die ersten Bänke wach" ("In Wenckebach's clinic/Only the first rows can stay awake"). André Cournand (1895–1988), who along with Dickinson Richards and Werner Forssmann won the 1956 Nobel prize, eloquently discusses the history of heart catheterization. Cournand uses the term "cryptomnesia" in describing Forssmann. Cryptomnesia means "secret memory" and refers to a situation in which a person read something, subsequently forgot its origin, and then believed that the thought was his own.

Mary Allen Engle (born in England in 1922), one of the first fellows of Helen Taussig, was a pioneer in pediatric cardiology and was present at the first "blue baby" operation. Richard J. Bing (born in Germany in 1909) is correctly characterized as a "Renaissance man." He is not only a physician, cardiovascular researcher, and physiologist but also a humanist and composer. René G. Favaloro (1923–2000) was also extraordinary. With F. Mason Sones, he introduced a way of bypassing obstructed coronary arteries and made the coronary-artery bypass graft a reality. After becoming depressed by the enormous debts incurred by his institute in Buenos Aires, Argentina, he tragically took his own life.

Charles P. Bailey (1910–1993), the hero of mitral commissurotomy, had an amazing career. After performing cardiac surgery for many years, he went to law school, obtained a degree in 1973, and became a specialist in medical malpractice. Arthur C. Guyton (born in 1919) was struck down by paralytic poliomyelitis while still a surgical resident. Undeterred, he eventually became chairman of a department of physiology and held the position for 41 years.

Weisse expresses special appreciation for the work of Albert Starr (born in 1926), who was responsible for introducing the first successful artificial heart valve, the Starr-Edwards caged-ball device for mitral-valve replacement. The interview with Paul M. Zoll (1911–1999) explores the fascinating story of his pioneering treatment of complete heart block and Stokes-Adams disease with the use of external shocks administered to the chest to stimulate cardiac contractions. (This procedure was introduced in the summer of 1952.)

One of the best interviews in the book is with Michael E. DeBakey (born in 1908), a giant in the field of cardiac surgery. His work on the repair of aortic aneurysms and aortic dissections (the classification bears his name) and his pioneering use of Dacron are explained in an elegant and informative manner. Most interesting is the discussion of his relationship with Denton A. Cooley, which was severed because of Cooley's improper use of the total artificial heart.

On two occasions (in 1983 and 2000), Weisse interviewed Willem J. Kolff (born in 1911), the inventor of the first practical and widely used artificial kidney, who also devised an artificial heart. Others interviewed are Jeremiah Stamler (born in 1919), one of the founding fathers of preventive cardiology; Eugene Braunwald (born in Vienna, Austria, in 1929), a dominant figure in cardiology and editor of *Harrison's Principles of Internal Medicine* (with more than 2 million English-language copies sold and translations into 12 languages); Adrian Kantrowitz (born in 1918), the father of diastolic augmentation, a technique used to improve coronary flow; and J. Willis Hurst (born in 1920), one of the last fellows who trained under Paul Dudley White, the great icon of American cardiology. Hurst later became President Lyndon B. Johnson's personal physician.

Weisse's oral history of cardiology uses familiar, understandable language. For the lay reader, explanations of medical terms are given in footnotes. Each chapter can be read independently. This book is a source of authentic and exclusive information from leading cardiac surgeons and cardiologists of the past century and will serve as a useful reference not only for medical historians but also for all cardiologists and cardiac surgeons. The great John W. Kirklin justified the format of oral history with the compelling statement, "How can you understand the world if you don't know what happened in it?"

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### HEART TRANSPLANTATION

By James K. Kirklin, James B. Young, and David C. McGiffin.  
883 pp., illustrated. New York, Churchill Livingstone, 2002. \$229.  
ISBN 0-443-07655-3.

**H**EAR *Transplantation*, a beautifully written, comprehensive monograph, sets new standards. The authors, long-term scientific leaders in the field, are optimal

ly positioned for this task. Their book covers the topic in a consistent and carefully balanced way. Cardiac transplantation has rapidly evolved since the groundbreaking experimental work of Norman Shumway's group at Stanford in the 1950s and 1960s and the first transplantation of a human heart, performed by Christiaan Barnard on December 3, 1967, in Capetown, South Africa. *Heart Transplantation* captures every aspect of the subject, from the early experiments to the realization of a dream (which took its place in history alongside the landing on the Moon) and to contemporary practice.

The authors of *Heart Transplantation* intend to provide in-depth coverage, including historical background, information about basic mechanisms, and discussion of clinical outcomes in the care of patients with advanced heart failure. At the same time, they aim to facilitate orientation to the subject and readability for a diverse audience — the health care practitioner as well as the expert in cardiac transplantation.

Kirklin, Young, and McGiffin introduce us to the field by honoring the breakthrough work of Alexis Carrel, Charles Guthrie, Shumway, and Barnard, among others. In 1965, Shumway, generally considered the father of clinical heart transplantation, prophetically commented, "For successful homotransplantation in man, it would be necessary to legally deprive of life both the donor, a hopeless brain injury for example, and the host whose own heart has not yet stopped beating. Considerable social, moral, and legal reformation must precede any serious clinical application of a challenging laboratory experiment." To establish the background for the main body of the book, there are sophisticated, easily understood introductions to transplantation immunology and the use of advanced statistical techniques for outcome research.

After presenting this background material, the book moves on to topics including "The Patient before Transplantation," "The Transplanted Heart," "Management of the Transplant Patient," "Long-Term Outcome after Heart Transplantation," and "Special Situations in Heart Transplantation." Throughout, the reader will find hundreds of insightful comments and clinical recommendations based on the vast experience at the University of Alabama at Birmingham and the Cleveland Clinic Foundation. The strength of many of these recommendations is that they are based on the Cardiac Transplant Research Database, which in many respects is the best data set currently available. I would advise caution, however, about the degree to which results from centers of excellence represented in this data base can be translated to the average transplantation center. I would also advise caution about whether improved post-transplantation outcomes can be equated with gain in benefit for the individual patient in the absence of data on risk stratification with respect to the severity of heart failure at transplantation.

A special highlight of the book is its seamless, interdisciplinary approach combining cardiology, surgery, and basic science. Another outstanding feature is the absence of redundancy, achieved by systematic cross-referencing and authoritative, expert editing and writing. What makes this book particularly welcome is its consistency in style; the integration of text, tables, and figures; and the well-designed special-interest boxes with optional background information, which facilitate the flow of thought in the main text.

The extensive reference list (comprising more than 5000 references) provides a wealth of suggestions for further in-depth reading. *Heart Transplantation* sets the new standard with which subsequent books on this subject will have to be compared.

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### MANAGEMENT OF CARDIAC ARRHYTHMIAS

(*Contemporary Cardiology*.) Edited by Leonard I. Ganz.  
527 pp., illustrated. Totowa, N.J., Humana Press, 2002. \$125.  
ISBN 0-89603-846-7.

THERE have been gratifying advances in the treatment of cardiac arrhythmias during the past 20 years. Whereas in the past, pharmacologic therapy was the only real option for most patients with cardiac arrhythmias, the advent of radio-frequency catheter ablation, the implantable cardioverter-defibrillator, and advances in cardiac pacemakers have substantially increased the number of options for the management of arrhythmias. It is important that general cardiologists and primary care physicians stay abreast of the main advances in the field of cardiac electrophysiology and know what treatments are available and when to refer patients to electrophysiologists for optimal therapy.

The goal of *Management of Cardiac Arrhythmias* is to inform general cardiologists and primary care physicians about these advances in the diagnosis and management of cardiac arrhythmias. This book covers the major areas of interest in electrophysiology. The introductory chapters on the history of electrophysiology and the diagnosis of arrhythmias are followed by chapters on the diagnosis and treatment of supraventricular tachycardias, including atrial fibrillation and flutter, syncope, and permanent pacing, as well as several chapters on ventricular arrhythmias. These chapters include insights from clinical trials on implantable cardioverter-defibrillators, pharmacologic therapy, and catheter ablation. The final chapters cover miscellaneous topics related to ventricular arrhythmias, such as the Brugada syndrome and the long-QT syndrome, arrhythmias during acute myocardial infarction, and arrhythmias in children and during pregnancy.

The book is very well written. Algorithms for evaluation of syncope or long-term pharmacologic management of supraventricular tachycardia graphically outline reasonable approaches to patients with these problems. The illustrations are helpful; informative color plates in the middle of the book show how cardiac mapping helps in the localization of arrhythmias.

The information in the book is accurate and up to date. Experts in electrophysiology give well-reasoned recommendations for evaluation and management, with appropriate suggestions for trials of medical treatment before consideration of ablation and prudent recommendations for ablation as the initial treatment in appropriate patients (e.g., patients with syncope and the Wolff-Parkinson-White syn-

drome). One might quibble with the recommendation for early use of an implantable loop recorder for the diagnosis of unexplained syncope, when results on tilt-table testing would be diagnostic in many cases and less invasive. Topics related to supraventricular and ventricular arrhythmias are covered in detail, with no major omissions. The only meager area of the book is the coverage of permanent pacing, which receives only one chapter that is limited to a discussion of indications.

Inevitably, there is some redundancy, which results from having several authors cover slightly different areas of the same general topic. For example, in the various chapters on supraventricular arrhythmias, mechanisms and treatment of supraventricular tachycardia are covered both in the chapter on diagnosis of supraventricular tachycardia and the chapter on catheter ablation of supraventricular tachycardia, since knowledge of mechanisms is essential for successful ablation. It is not easy to target the general cardiologist and the primary care physician successfully in the same book. Although neither group specializes in cardiac arrhythmias, the cardiologist is expected to be better versed in details of the diagnosis and management of arrhythmias than the primary care physician. There is, for example, a general introduction to the approach to the patient with palpitations, which is appropriate for the general practitioner. There are also descriptions of reentrant circuits in ventricular tachycardia, which are perhaps beyond the interest of most cardiologists who are not electrophysiologists.

This book would be most appropriate for the physician with a basic understanding of cardiac arrhythmias who seeks a detailed understanding of recent advances in this field, particularly with regard to newer therapeutic techniques and options. A physician whose patient has a particular arrhythmia will find an adequate explanation of the mechanism of the problem and descriptions of the most advanced electrophysiological approaches to evaluation and management, along with a discussion of when referral to an electrophysiologist is appropriate and what to expect from that referral.

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### THE INTERNATIONAL SYMPOSIUM ON BIOLOGICAL WARFARE AND BIOTERRORISM

The symposium, subtitled "Role of Scientists in Facing Biohazards," will be held in Cairo, Egypt, April 8–10. It is organized by the Union of Arab Biologists.

**Contact** Dr. Amany Asfour, 14 Syria St., Mohandeseen, Guiza, Egypt; or call 2-012 2305832; or e-mail [info@congress-center.org](mailto:info@congress-center.org); or see <http://www.congress-center.org>; or fax (202) 3368304 or (202) 7495670.

### FIRST INTERNATIONAL SYMPOSIUM ON CHILDHOOD AND ADOLESCENT NON-HODGKIN'S LYMPHOMA

The symposium will be held in New York, April 10–12. It is jointly sponsored by Columbia University, Justus-Liebig-University Giessen, and the Pediatric Cancer Research Foundation. Deadline for submission of abstracts and early registration is Feb. 3.

**Contact** Meeting Coordinator, Pediatric Cancer Research Foundation, 9272 Jeronimo Rd., Suite A-107A, Irvine, CA 92618; or call (212) 305-8800, ext. 0246; or see <http://www.pcrf-kids.com>.

### 19TH INTERNATIONAL CONGRESS OF THE SOCIETY OF THE FETUS AS A PATIENT

The conference will be held in Barcelona, Spain, May 1–4.

**Contact** Fundación Santiago Dexeus Font, Passeig Bonanova, 67-08017 Barcelona, Spain; or call 34 93 2274700; or fax 34 93 4187832; or e-mail [bcn2003@iudexeus.uab.es](mailto:bcn2003@iudexeus.uab.es).

### LONG ISLAND JEWISH MEDICAL CENTER DEPARTMENT OF MEDICINE

The 50th anniversary reunion symposium for all training program alumni and current staff will be held May 2–4.

**Contact** Dr. Robert Greenwald, 410 Lakeville Rd., Suite 107, New Hyde Park, NY 11040; or call (516) 465-5410; or e-mail [rgreenwald@lij.edu](mailto:rgreenwald@lij.edu).

### THE AMERICAN OCCUPATIONAL HEALTH CONFERENCE

The conference will be held in Atlanta, Georgia, May 2–9.

**Contact** Barbara Hartman, ACOEM, 1114 N. Arlington Heights Rd., Arlington Heights, IL 60004-4770; or call (847) 818-1800, ext. 371; or e-mail [bhartmann@acoem.org](mailto:bhartmann@acoem.org); or see <http://www.acoem.org>.

### CHILD AND YOUTH HEALTH 2003

The "3rd World Congress and Exposition" will be held in Vancouver, British Columbia, Canada, May 11–14.

**Contact** Child & Youth Health 2003, c/o Venue West Conference Services, Ltd., 645–375 Water St., Vancouver, BC V6B 5C6, Canada; or call (604) 681-5226; or e-mail [congress@venuewest.com](mailto:congress@venuewest.com); or see <http://www.venuewest.com/childhealth2003>; or fax (604) 681-2503.

### 2003 CERTIFICATION EXAMINATIONS OF THE AMERICAN BOARD OF INTERNAL MEDICINE

The 2003 ABIM Recertification Examinations in Internal Medicine, its subspecialties, and added qualifications will be given May 6 and Nov. 5. The deadline for registration for the May 6 examination is March 1; the deadline for registration for the Nov. 5 examination is Sept. 1. The following subspecialty examinations will be given on Nov. 5 unless otherwise indicated: Cardiovascular Disease (Nov. 5 and 6); Clinical Cardiac Electrophysiology; Critical Care Medicine; Endocrinology, Diabetes, and Metabolism; Gastroenterology; Geriatric Medicine; Hematology; Infectious Disease; Interventional Cardiology; Medical Oncology; Nephrology; Pulmonary Disease; and Rheumatology. The deadline for early registration is April 1; the deadline for late registration is June 1.

**Contact** Registration Section, American Board of Internal Medicine, 510 Walnut St., Suite 1700, Philadelphia, PA 19106-3699; or call (800) 441-2246 (national) or (215) 446-3500 (local); or fax (215) 446-3590; or e-mail [request@abim.org](mailto:request@abim.org); or see <http://www.abim.org>.

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